Image# 11952530999 PAGE 1 / 14

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
1. NAME OF COMMITTEE (in full)	/PE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
THMCarePAC			
ADDRESS (number and street)	P.O. Box 10		
Check if different			
than previously reported. (ACC)	Parsons		TN 38363 - -
2. FEC IDENTIFICATION NUM	IBER ▼ CITY	^	STATE ▲ ZIP CODE ▲
C C00484964	3. IS RE	THIS NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report	20 (M2) May 20 (M5	S) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On: Mar 2	20 (M3) Jun 20 (M6	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 2	0 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q1) July 15	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Q2)	PRE-Election Report for the:	Convention (12C)	Special (12S)
October 15 Quarterly Report (Q3)			
January 31 Year-End Report (YE)	Flackion	on/	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on//	in the State of
5. Covering Period 07	01 2011	through 09	30 2011
I certify that I have examined this	Report and to the best of n	ny knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer	Jessica Redden		
Signature of Treasurer Jessica I	Redden	[Electronically Filed]	Date 10 10 / 2011
NOTE: Submission of false, erroneou	us, or incomplete information	may subject the person signing	this Report to the penalties of 2 U.S.C. §437g.
Office			FEC FORM 3X
Use			Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **THMCarePAC** 07 2011 09 30 2011 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 150255.10 January 1, 2011 (b) Cash on Hand at 175362.96 Beginning of Reporting Period..... 65634.48 22927.15 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 198290.11 215889.58 6(a) and 6(c) for Column B)..... 15000.00 32599.47 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 183290.11 183290.11 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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I. Receipts	I. Receipts COLUMN A Total This Period	
Contributions (other than loans) From:	1	
(a) Individuals/Persons Other		
Than Political Committees	2040.00	25970.00
(i) Itemized (use Schedule A)	8910.00	25870.00
(ii) Unitemized	14017.15	39764.48
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	22927.15	65634.48
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		7
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	22927.15	65634.48
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Leans Dessited	0.00	0.00
All Loans Received	7	0.00
Loon Denouments Descrived	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	7	7 7
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
=		
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	22927.15	65634.48
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	22927.15	65634.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	II. Disbursements COLUMN A Total This Period			
. Operating Expenditures: – (a) Allocated Federal/Non-Federal	10101 11110 1 01100	Calendar Year-to-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(") No. 5 1 - 1 0 1 0 1 - 1	0.00	0.00		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
Expenditures	0.00	0.00		
(c) Total Operating Expenditures	7			
(add 21(a)(i), (a)(ii), and (b))►	0.00	0.00		
Transfers to Affiliated/Other Party		0.00		
Committees Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	1000.00	3500.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	7	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
Loon Donovincente Marie	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other				
Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	, , ,			
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
(2000 2000 20(4), (4), 2000 (5),				
Other Disbursements	14000.00	29099.47		
5				
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity				
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
· · ·				
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely	0.00	0.00		
With Federal Funds (c) Total Federal Election Activity (add	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	15000.00	32599.47		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	15000.00	32599.47		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	22927.15	65634.48
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22927.15	65634.48
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FOR LINE NUMBER: **PAGE** 6 OF 14 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THMCarePAC Full Name (Last, First, Middle Initial) David Davis Date of Receipt Mailing Address 184 Fisher Drive 30 2011 City State Zip Code Transaction ID: SA11AI.4542 TN **Parsons** 38363 Amount of Each Receipt this Period FEC ID number of contributing C 1080.00 federal political committee. Contribution to the PAC Name of Employer Occupation THM COO Receipt For: Aggregate Year-to-Date ▼ Primary General 2730.00 Other (specify) Full Name (Last, First, Middle Initial) B. Tammy Faulkner Date of Receipt Mailing Address 325 Reeds Levee Road 09 30 2011 City State Zip Code Transaction ID: SA11AI.4543 TN McKenzie 38261 Amount of Each Receipt this Period FEC ID number of contributing C 360.00 federal political committee. Contribution to the PAC Name of Employer Occupation THM RN Receipt For: Aggregate Year-to-Date ▼ Primary General 910.00 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa Hogan Date of Receipt Mailing Address 135 Betsy Drive M M / 30 09 2011 City Zip Code State Transaction ID: SA11AI.4539 TN Savannah 38372 Amount of Each Receipt this Period FEC ID number of contributing 210.00 С federal political committee. Contribution to the PAC Name of Employer Occupation Administrator Savannah Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 630.00 Other (specify) 1650.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

-9

9

	FO	R LINE	NU	MBER	:	PAGE	7	OF	1	4
Use separate schedule(s)	(ch	eck only	or or	ne)						
for each category of the Detailed Summary Page	>	1 1a		11b		11c	12			
_ come common , ange		13		14		15	16		7	7

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THMCarePAC Full Name (Last, First, Middle Initial) **Brad Hopkins** Date of Receipt Mailing Address 589 Westport 30 2011 City State Zip Code Transaction ID: SA11AI.4538 TN Holladay 38341 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Contribution to the PAC Name of Employer Occupation Pharmacist **Ampharm** Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name (Last, First, Middle Initial) B. Annette McClary Date of Receipt Mailing Address 7625 Mint Leaf Drive 09 30 2011 City State Zip Code Transaction ID: SA11AI.4544 TN 37013 Antioch Amount of Each Receipt this Period FEC ID number of contributing C 360.00 federal political committee. Contribution to the PAC Name of Employer Occupation THM Director of Rehab Services Receipt For: Aggregate Year-to-Date ▼ Primary General 910.00 Other (specify) Full Name (Last, First, Middle Initial) c. Richard McCormick Date of Receipt Mailing Address 1235 Thorntree Drive 30 09 2011 City State Zip Code Transaction ID: SA11AI.4540 TN Dyersburg 38024 Amount of Each Receipt this Period FEC ID number of contributing C 360.00 federal political committee. Contribution to the PAC Name of Employer Occupation Administrator Northbrooke Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 1080.00 Other (specify)

9

1020.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THMCarePAC Full Name (Last, First, Middle Initial) Beverly Montgomery Date of Receipt Mailing Address 1270 Harrington Road 30 2011 09 City Zip Code State Transaction ID: SA11AI.4545 TN Scotts Hill 38374 Amount of Each Receipt this Period FEC ID number of contributing C 540.00 federal political committee. Contribution to the PAC Name of Employer Occupation THM Adminstrator Receipt For: Aggregate Year-to-Date ▼ Primary General 1365.00 Other (specify) Full Name (Last, First, Middle Initial) B. George Munchow Date of Receipt Mailing Address 3744 Westridge Cove 09 30 2011 City State Zip Code Transaction ID: SA11AI.4541 TN **Bartlett** 38135 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Contribution to the PAC Name of Employer Occupation Applingwood Adminstrator Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Jeffery Parrish Date of Receipt Mailing Address 11555 Sardis Road 30 09 2011 City Zip Code State Transaction ID: SA11AI.4546 TN Scotts Hill 38374 Amount of Each Receipt this Period FEC ID number of contributing 1440.00 С federal political committee. Contribution to the PAC Name of Employer Occupation THM Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 3440.00 Other (specify) 2280.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: **PAGE** 9 OF 14 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THMCarePAC Full Name (Last, First, Middle Initial) James Smith Date of Receipt Mailing Address PO Box 458 30 2011 City Zip Code State Transaction ID: SA11AI.4547 TN **Parsons** 38363 Amount of Each Receipt this Period FEC ID number of contributing C 1440.00 federal political committee. Contribution to the PAC Name of Employer Occupation THM CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 3240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Becky Spray Date of Receipt Mailing Address 1320 Sutton Road 09 30 2011 City State Zip Code Transaction ID: SA11AI.4548 TN Ripley 38063 Amount of Each Receipt this Period FEC ID number of contributing C 360.00 federal political committee. Contribution to the PAC Name of Employer Occupation THM RN Receipt For: Aggregate Year-to-Date ▼ Primary General 910.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joesph Strawn Date of Receipt Mailing Address 80 Dodd Street 30 09 2011 Zip Code City State Transaction ID: SA11AI.4549 TN Lexington 38351 Amount of Each Receipt this Period FEC ID number of contributing C 360.00 federal political committee. Contribution to the PAC Name of Employer Occupation **Project Director** THM Receipt For: Aggregate Year-to-Date ▼ Primary General 910.00 Other (specify) 2160.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

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Use separate schedule(s) for each category of the	(check	only or	ie)	_			
Detailed Summary Page	X 1	1a	11b	11c	12		
, 0	1:	3	14	15	16		17

		10 11 11
	nd Statements may not be sold or used by any pe the name and address of any political committee	
NAME OF COMMITTEE (In Full) THMCarePAC		
Full Name (Last, First, Middle Initial) Beverly Strong		Date of Receipt
Mailing Address PO Box 271		09 30 2011
City Alamo	State Zip Code TN 38001	Transaction ID : SA11AI.4550 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	360.00
Name of Employer THM Receipt For: Primary General	Occupation Marketing Aggregate Year-to-Date ▼	Contribution to the PAC
Other (specify) ▼	910.00	
Full Name (Last, First, Middle Initial) Anne Vise Mailing Address 23 Riverbend CV		Date of Receipt
City Bath Springs	State Zip Code TN 38311	09 30 2011 Transaction ID : SA11AI.4551 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1440.00
Name of Employer THM	Occupation Accountant	Contribution to the PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3640.00	
Full Name (Last, First, Middle Initial)	<u>'</u>	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	1800.00
TOTAL This Period (last page this line numl	ber only)	8910.00

SCHEDULE B (FEC Form 3X)				PAGE 11 OF 14
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(oricon oriny		
	Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30
Any information copied from such Reports and Staten or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	said address of any point		25 Sommond	cacii committee.
THMCarePAC				
Full Name (Last, First, Middle Initial)			Date of District	
A. DIANE L MRS. BLACK			Date of Disburser	
Mailing Address 819 PLANTATION BOULEVARD			08 15	
•	State Zip Code		Transaction ID :	: SB23.4529
GALLATIN Purpose of Disbursement	TN 37066			. 0520.7020
Diane Black for Congress		011	Amount of Each [Disbursement this Period
Candidate Name		Category/ Type		1000.00
Office Sought:	nent For: 2011	туре		,
Senate	Primary General			
State: TN District: 06	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
В.			Date of Disburser	
Mailing Address			M M / D	D / Y Y Y Y Y
City	State 7:- Oada			
City	State Zip Code			
Purpose of Disbursement		· · · ·	Amount of Each	Disbursement this Period
Candidate Name		Category/	Amount of Each L	Dispuisement this Fellod
		Type		7
Office Sought: House Disbursen Senate	nent For: Primary General			
	Other (specify)			
State: District:	·			
Full Name (Last, First, Middle Initial) C.			Date of Disburser	ment
			M = M / D = I	
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
Candidata Nama			Amount of Each [Disbursement this Period
Candidate Name		Category/ Type		
Office Sought: House Disburser		11		7
Senate President	Primary General Other (specify) ▼			
State: District:	Other (specify)			
SUBTOTAL of Disbursements This Page (optional)		·····•		1000.00
TOTAL This Period (last page this line number only)				1000.00

SCHEDULE B (FEC Form 3X)	Hee exercise substitute ()	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orleast orlin)	
	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30
Any information copied from such Reports and Sta or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) THMCarePAC		_	
Full Name (Last, First, Middle Initial)			
A. Vance Dennis			Date of Disbursement
Mailing Address 545 CEDAR COVE LANE			08 29 2011
City Savannah	State Zip Code TN 38372		Transaction ID: SB29.4534
Purpose of Disbursement Vance Dennis for State Representative		011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2500.00
Senate President	rsement For: Primary General Other (specify) ▼	·	
State: District:			
Full Name (Last, First, Middle Initial) B. Delores Gresham			Date of Disbursement
Mailing Address P O BOX 877			08 17 2011
City SOMERVILLE	State Zip Code TN 38068		Transaction ID : SB29.4530
Purpose of Disbursement Friends of Delores Gresham of Tennessee		011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Office Sought: House Disbur	rement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) C. Brian Kelsey			Date of Disbursement
Mailing Address P.O. BOX 382354			08 23 2011
City Germantown Purpose of Disbursement	State Zip Code TN 38183		Transaction ID : SB29.4532
VoteKelsey.com Candidate Name		011	Amount of Each Disbursement this Period
	_	Category/ Type	1000.00
Office Sought: House Senate President State: Disbur	rsement For: Primary General Other (specify) ▼		
	n.		4500.00
SUBTOTAL of Disbursements This Page (optional	ป)	<u> </u>	4500.00
TOTAL This Period (last page this line number of	nly)		

SCHEDULE B (FEC Form 3X)	Hoo consents asked (1)	FOR LINE		PAGE 13 OF 14
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orlean orling		
	Detailed Summary Page	21b 27	22 23 28a 28b	$ \begin{array}{c cccc} 24 & 25 & 26 \\ 28c & 29 & 30 \end{array} $
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)	and address of any politi	oai committee to	SONOR COMMIDMUORS ITC	om odon committee.
THMCarePAC				
Full Name (Last, First, Middle Initial)		T		
A. Steve McDaniel			Date of Disburseme	ent
Mailing Address 97 BATTLEGROUND DRIVE			07 20	2011
,	State Zip Code		Transaction ID : S	R29 4528
Parkers Crossroads	TN 38388		. านกรสนเบท เม : 3	
Purpose of Disbursement Committee to Re-Elect Steve McDaniel		011	Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type	,	1000.00
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify)			
State: District:	· · · · · · · · · · · · · · · · · · ·			
Full Name (Last, First, Middle Initial)				
B. Mark Norris			Date of Disburseme	ent
Mailing Address 853 S. COLLIERVILLE-ARLINGTO	ON RD.		09 22	2011
,	State Zip Code		Transaction ID : S	\B29 4536
COLLIERVILLE	TN 38017		าาสการสนาบท 10 : 3	
Purpose of Disbursement Friends of Senator Mark Norris		011	Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type	-	5000.00
Senate	ment For: Primary General			
State: President District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)	_		Date of Disburseme	unt
C. Tennessee Republican Caucus				
Mailing Address 306 War Memorial Building			09 13	2011
City Nashville	State Zip Code TN 37243		Transaction ID : S	6B29.4535
Purpose of Disbursement Tennessee Republican Legislative Ball	5.2.0	011	A	de cons
Candidate Name		Category/ Type	Amount of Each Dis	sbursement this Period 2500.00
Senate President	ment For: Primary General Other (specify)	1,100		7
State: District:				
SURTOTAL of Dishuroomente This Dane / artisms				8500.00
SUBTOTAL of Disbursements This Page (optional)		······		3300.00
TOTAL This Period (last page this line number only))			

SCHEDULE B (FEC Form 3X)				PAGE 14 OF 14
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		□ 24 □ 25 □ 22
	Detailed Summary Page	21b 27	22 23 28b	$ \begin{array}{c cccc} 24 & 25 & 26 \\ 28c & \times & 29 & 30 \end{array} $
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan				
NAME OF COMMITTEE (In Full) THMCarePAC				
Full Name (Last, First, Middle Initial)				
A. Ken Yager			Date of Disburseme	ent / Y Y Y Y Y Y Y
Mailing Address P. O. BOX 684			07 13	2011
Kingston	State Zip Code TN 37763		Transaction ID : S	6B29.4526
Purpose of Disbursement Ken Yager for State Senate in Tennessee		011	Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type		1000.00
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) B.			Date of Disburseme	
Mailing Address			M = M / D = D	/
City	State Zip Code			
Purpose of Disbursement		· · ·	Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type		
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)	21,5	,	,
State: District: Full Name (Last, First, Middle Initial)				
C.			Date of Disburseme	
Mailing Address			M M / D D	/
City	State Zip Code			
Purpose of Disbursement			Amount of Foot B	shows a month their Doct 1
Candidate Name		Category/ Type		sbursement this Period
Office Sought: House Disburser	ment For: Primary General Other (specify) ▼			
SUPTOTAL of Dichuramenta This Dags (entions)				1000.00
SUBTOTAL of Disbursements This Page (optional)		·····	7	113000
TOTAL This Period (last page this line number only)			1	14000.00